



Commonwealth of Virginia Health Benefits Program

Your Health Plan Options

An Overview of Your State Health Care



May 2017

YOUR HEALTH PLAN OPTIONS



COVA Care. The Statewide Preferred Provider Organization (PPO) Plan.

COVA Care's medical, outpatient prescription drugs, behavioral health and employee assistance program (EAP) services are administered by *Anthem Blue Cross and Blue Shield*. *Delta Dental of Virginia* administers dental benefits. For medical and behavioral health, there is no out-of-network coverage, except for an emergency, unless you choose the **out-of-network buy-up**. You may select this option, or enhanced coverage for **dental and vision and hearing services**, at an extra cost.

Medical Benefits

- The Anthem Virginia network includes hospitals, primary care physicians and specialists statewide.
- You have medical coverage as long as you use an in-network provider.
- You pay a copayment upfront for physician and facility visits, and coinsurance for some services once a deductible is met. Then the plan pays in-network up to the allowable charge.
- You also may access care within the United States through the Blue Card PPO® network, and worldwide through the BlueCard Worldwide® network.



Behavioral Health

- The plan provides benefits to help promote and maintain mental and emotional health and wellness.
- You pay a copayment upfront for psychiatric or counseling services, and then the plan pays in-network up to the allowable charge.
- We encourage you to call Anthem so that your care can be authorized in advance.
- A behavioral health participating provider works with a care manager to ensure that the services you receive are covered under your plan.

EAP

- Up to four counseling visits per issue per year are offered at no cost to you, your covered dependents and members of your household.
- You may seek assistance in such areas as mental health, substance abuse, work and family issues, and financial or legal matters.

Outpatient Prescription Drugs

- Your prescription drug benefit is a mandatory generic program. If a brand name drug is requested when there is a generic equivalent, you pay the brand copayment plus the difference between the cost of the brand and the generic drug.
- Prescriptions are divided into four categories, or tiers, based primarily on their cost. You pay a copayment upfront based on the tier.
- Tier 1 is typically generic drugs. Tier 2 generally includes some generics and low-to-medium-cost brand name drugs. Tier 3 has higher-cost brand name drugs, and Tier 4 is for high-cost specialty drugs.
- For a 90-day supply of maintenance drugs, you may save money by using home delivery services.
- You may use either a network or non-network pharmacy. A non-network pharmacy may cost you more and require you to file a paper claim.

Dental Benefits

- The basic plan pays 100 percent with no annual dollar limit for diagnostic and preventive care, such as oral exams and x-rays.
- You may purchase enhanced coverage for primary services such as fillings and root canals, and complex restorative dental care such as crowns, bridgework, dentures and implants, and orthodontic services.
- You may use either an in-network or out-of-network dentist, but you may pay more if you use an out-of-network dentist.

For the most current list of COVA Care network hospitals, physicians, and pharmacies, visit www.anthem.com/cova. You also may check with your local pharmacy to determine if it is in the network. To search for a participating dentist, visit www.deltadentalva.com, click on "Searching for a Dentist?" and select the Delta Premier program.

YOUR HEALTH PLAN OPTIONS



COVA HealthAware. Manage Your Health Care from the Driver's Seat.

COVA HealthAware is a statewide consumer-driven health plan (CDHP) that includes medical, outpatient prescription drugs, dental, behavioral health and employee assistance program (EAP) services administered by *Aetna*. The plan includes annual preventive services such as dental, vision and hearing exams paid at 100 percent, and out-of-network coverage. Aetna's network also provides coverage throughout the U.S. and worldwide. You may purchase enhanced coverage for **dental benefits**, or **vision benefits for lenses and frames**, at an additional cost.

- Once your \$1,500/\$3,000 deductible is met, the plan pays 80 percent and you pay 20 percent for in-network services.
- For out-of-network coverage, the plan pays 60 percent and you pay 40 percent for services once the out-of-network deductible is met.
- Medical, behavioral health and outpatient prescription drug expenses apply to your deductible and out-of-pocket limit.
- You may purchase additional coverage for primary dental services such as fillings and root canals, and complex restorative dental care such as crowns, bridgework, dentures and implants, and orthodontic services.

The plan includes a **health reimbursement arrangement**, or HRA, to help you pay for plan expenses. Depending on when you enroll during the plan year, the Commonwealth will place up to \$600 in an HRA for an employee/retiree or up to \$1,200 for an employee/retiree and spouse covered under the plan. These funds can be used to pay your deductible and other plan costs for all covered family members. The funds cannot be used for dental and vision services.

If you enroll after the plan year begins, the contribution to your HRA will be prorated. Contact your Benefits Administrator or visit www.COVAHealthAware.com for more information.

Earn More Funds in Your HRA!

If you complete healthy activities, or "**do rights**," designated by the plan, you can earn up to \$150 in your HRA! Your spouse can do the same.

The "do rights" include:

- an annual physical exam
- a dental exam
- a flu shot
- a vision exam
- completing a coaching module on the *MyActiveHealth wellness portal*, and
- using one of the *MyActiveHealth* trackers at least three times a month for each month in a quarter.

Pick three of the "do rights" and earn \$50 for each one!

Visit www.covahealthaware.com for more information about the plan and how to access Aetna participating providers. Also view examples of how the HRA works.



YOUR HEALTH PLAN OPTIONS

COVA HDHP

COVA HDHP. A Statewide Plan with Enhanced Dental Benefits Available.

The **COVA HDHP** (High Deductible Health Plan), administered by *Anthem*, is a health care plan that allows you to set up a Health Savings Account (HSA). Use the tax-deductible funds you put into the HSA to help pay for medical expenses. Your HSA goes wherever you go and you are not required to “use it or lose it.”

- The plan has a higher plan year deductible that must be met before the plan pays for your medical, behavioral health and outpatient prescription drug benefits.
- Once the \$1,750/\$3,500 deductible is met, you pay 20% coinsurance for most covered services.
- When two or more people are covered, the entire deductible must be met before the plan pays any expenses for any one person covered under the plan.
- Plan members must use Anthem participating providers. There is no out-of-network coverage for medical or behavioral health benefits except in an emergency.
- The COVA HDHP includes preventive dental benefits administered by *Delta Dental*, and you may also pay an additional premium for expanded dental benefits.
- You may use either an in-network or out-of-network dentist, but you may pay more if you use an out-of-network dentist.

Visit www.anthem.com/cova for more information about the plan and to access the online Provider Directory, and www.deltadentalva.com for details on dental benefits.

TRICARE SUPPLEMENT

TRICARE SUPPLEMENT. A Statewide Choice For Eligible Military Retirees.

The state health benefits program offers a voluntary supplement to TRICARE as a health plan option. Enrollment is open to state employees and early retirees who are military retirees, or the spouse of a military retiree. They must be eligible for:

- TRICARE, the military health benefits program, and
- The state health benefits program.

The TRICARE supplement is administered for the Commonwealth by Selman & Company. For more information, contact Selman & Company at 1-800-638-2610, and press Option 1.

KAISER PERMANENTE

KAISER PERMANENTE HMO. A Regional Health Plan to Suit Your Needs.

The Kaiser Permanente HMO has no deductible for medical in-network services, but you must use Kaiser HMO participating providers (except in an emergency) and choose a PCP for each enrolled family member. You may search by zip code on the Kaiser Web site at <http://my.kp.org/commonwealthofvirginia/> to determine if your job location or home address is in the Kaiser service area, which is required to participate in the plan.

Service Area: Includes certain cities, counties and zip codes where you live or work in Virginia, Maryland and the District of Columbia.

- *Virginia Counties:* Arlington, Caroline (partial), Culpeper (partial), Fairfax, Fauquier (partial), Hanover (partial), King George, Louisa (partial), Loudoun, Orange (partial), Prince William, Stafford, Spotsylvania, Westmoreland (partial)
- *Virginia Cities:* Alexandria, Fairfax, Falls Church, Fredericksburg, Manassas, Manassas Park
- *Maryland Counties:* Anne Arundel, Baltimore, Calvert (partial), Carroll, Charles (partial), Frederick (partial), Harford, Howard, Montgomery, Prince Georges
- *Maryland Cities:* Baltimore